Katie Beckett Unit Executive Office of Health and Human Services Hazard Building (Bldg 074) – 74 West Road, Ground Level Cranston, R.I. 02920

INSTRUCTIONS FOR COMPLETION OF 3 BANK ACCOUNT VERIFICATION FORMS KB DHS AP-91 FOR A CHILD WHO IS APPLYING FOR KATIE BECKETT AND FOR ANNUAL REDETERMINATION

The Executive Office of Health and Human Services (EOHHS) policy requires that the three (3) attached bank account verification forms (KB EOHHS AP-91) be signed by a parent, legal guardian or adult representative of a minor child and returned to EOHHS for bank verification.

EOHHS will manage the bank verification process, so parents don't need to do anything other than enter the child's information and sign these forms.

All three forms must be signed and returned, even if the child does not have a bank account.

<u>Purpose</u>: These forms are used to verify accounts in the child's name and owned by the <u>child</u>. The Katie Beckett Unit will then mail these completed forms to three different, selected banks. Each bank will verify the presence or absence of an account in the child's name and social security number and return the bank account verification to the Katie Beckett Unit.

Parents and guardians should not provide their financial or bank account information.

If additional information is required for the completion of these forms, please contact your Social Caseworker:

If your child's last name begins with A - M, call Caridad Ramos at (401) 462-0760. If your child's last name begins with N - Z, call Ann Murphy at (401) 462-0754.

Thank you!

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Authorization of Release of Financial Account Information - Katie Beckett Unit

his is an authorization for release of account information to the Executive Office of Health and Human Services for the <u>minor child</u> identified below. The information is needed only on those accounts for which the <u>child</u> is an owner of an account either singly or jointly with another individual(s). The child's parent, legal guardian or legal representative must sign and return this authorization to **EOHHS Katie Beckett Unit**, which will then mail to three selected financial institutions. Thank you.

Child's Last Name		First Name			
Address Street		City		tate Zip code	
Birth date	Birth	Birthplace		ity Number	
Ι,		, parent/guar	dian/legal represen	tative of minor child,	
(Print Parent's/Legal Guar					
(Print Minor Child's Name		by authorize th	ne release of all ban	k information	
required to determine this chainformation is confidential and	ild's eligibility for				
(Signature of Parent/Legal Guard	lian/ Legal Represe	ntative of minor	r child)	(Date)	
TO: SELECTED BANDOFFICE:	K - MAIN	EOHHS - Katie Bed Hazard B 74 West 1	nd RETURN TO: - Center for Child and ckett Unit uilding Road, Ground Level RI 02920	Family Health	
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No Record of Account					
Open Account:					
Checking Account (s	s) Account #				
Current Balance \$					
Current Balance \$	Da	te Opened			
Savings Account (s)	Account #				
Current Balance \$	Dat	e Opened			
Current Balance \$	Dat	e Opened			
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Other Asset Account (s) Type of Account	Current Balance	re \$	Date Opened		
Type of Account	Current Balanc	ce \$	Date Opened		
71			1		
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Type of Account Type of Account					
Type of Account	Date Opened		Date Closed		
Safe Deposit Box:	Yes No	Record			
Signed:					
Bank Rep	resentative		Print Name	Date	

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Child's Last Name		First Name		MI	
Address Street		City	State	Zip code	
Birth date	Birthp	lace	Social Security N	Number	
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Signature of Parent/Legal Guard	ian/ Legal Represent	tative of minor c	hild)	(Date)	
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Current Balance \$					
Current Balance \$	\$ Date Opened				
Savings Account (s)	Account #				
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Other Asset Account (s)	: Account #:	. ¢	Data Opanad		
Type of Account Type of Account	Current Balance	\$ Ψ 2 \$	Date Opened Date Opened		
71		"			
Closed Account Within					
Type of Account					
Type of Account	Date Opened	D	ate Closed		
Safe Deposit Box:	Yes No I	Record			
Signed:					
	resentative	P	rint Name	Date	

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Child's Last Name			First Name				MI
Address S	Street		City			State	Zip code
Birth date			Birthplace		Social	Security Num	ıber
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(P1	rint Parent's/Legal Gua	rdian's Name)		_			
equired to	Print Minor Child's Nam o determine this ch	^{ne)} nild's eligibil	lity for RI	Medical A		nderstand t	
	n is confidential an					or benefits.	
Signature o	of Parent/Legal Guar	dian/ Legal R	Representativ	ve of minor	child)	(Da	ite)
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Signed: _							
Bank Representative				Print Name	J	Date	